

§ 4.111 Postgastrectomy syndromes.

There are various postgastrectomy symptoms which may occur following anastomotic operations of the stomach. When present, those occurring during or immediately after eating and known as the "dumping syndrome" are characterized by gastrointestinal complaints and generalized symptoms simulating hypoglycemia; those occurring from 1 to 3 hours after eating usually present definite manifestations of hypoglycemia.

§ 4.112 Weight loss.

Minor weight loss or greater losses of weight for periods of brief duration are not considered of importance in rating. Rather, weight loss becomes of importance where there is appreciable loss which is sustained over a period of time. In evaluating weight loss generally, consideration will be given not only to standard age, height, and weight tables, but also to the particular individual's predominant weight pattern as reflected by the records. The use of the term "inability to gain weight" indicates that there has been a significant weight loss with inability to regain it despite appropriate therapy.

§ 4.113 Coexisting abdominal conditions.

There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture characterized in the main by varying degrees of abdominal distress or pain, anemia and disturbances in nutrition. Consequently, certain coexisting diseases in this area, as indicated in the instruction under the title "Diseases of the Digestive System," do not lend themselves to distinct and separate disability evaluations without violating the fundamental principle relating to pyramiding as outlined in § 4.14.

§ 4.114 Schedule of ratings—digestive system.

Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined with each other. A single evaluation will be assigned under the diagnostic

code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

| | Rating |
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| 7200 Mouth, injuries of. Rate as for disfigurement and impairment of function of mastication. | |
| 7201 Lips, injuries of. Rate as for disfigurement of face. | |
| 7202 Tongue, loss of whole or part: With inability to communicate by speech | 100 |
| One-half or more | 60 |
| With marked speech impairment | 30 |
| 7203 Esophagus, stricture of: Permitting passage of liquids only, with marked impairment of general health | 80 |
| Severe, permitting liquids only | 50 |
| Moderate | 30 |
| 7204 Esophagus, spasm of (cardiospasm). If not amenable to dilation, rate as for the degree of obstruction (stricture). | |
| 7205 Esophagus, diverticulum of, acquired. Rate as for obstruction (stricture). | |
| 7301 Peritoneum, adhesions of: Severe; definite partial obstruction shown by X-ray, with frequent and prolonged episodes of severe colic distension, nausea or vomiting, following severe peritonitis, ruptured appendix, perforated ulcer, or operation with drainage | 50 |
| Moderately severe; partial obstruction manifested by delayed motility of barium meal and less frequent and less prolonged episodes of pain | 30 |
| Moderate; pulling pain on attempting work or aggravated by movements of the body, or occasional episodes of colic pain, nausea, constipation (perhaps alternating with diarrhea) or abdominal distension | 10 |
| Mild | 0 |
| NOTE: Ratings for adhesions will be considered when there is history of operative or other traumatic or infectious (intraabdominal) process, and at least two of the following: disturbance of motility, actual partial obstruction, reflex disturbances, presence of pain. | |
| 7304 Ulcer, gastric. | |
| 7305 Ulcer, duodenal: Severe; pain only partially relieved by standard ulcer therapy, periodic vomiting, recurrent hematemesis or melena, with manifestations of anemia and weight loss productive of definite impairment of health | 60 |
| Moderately severe; less than severe but with impairment of health manifested by anemia and weight loss; or recurrent incapacitating episodes averaging 10 days or more in duration at least four or more times a year | 40 |
| Moderate; recurring episodes of severe symptoms two or three times a year averaging 10 days in duration; or with continuous moderate manifestations | 20 |
| Mild; with recurring symptoms once or twice yearly | 10 |
| 7306 Ulcer, marginal (gastrojejunal): Pronounced; periodic or continuous pain unrelieved by standard ulcer therapy with periodic vomiting, recurring melena or hematemesis, and weight loss. Totally incapacitating | 100 |

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| | Rating | | Rating |
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| Severe; same as pronounced with less pronounced and less continuous symptoms with definite impairment of health | 60 | Rate as for peritoneal adhesions. | |
| Moderately severe; intercurrent episodes of abdominal pain at least once a month partially or completely relieved by ulcer therapy, mild and transient episodes of vomiting or melena | 40 | 7318 Gall bladder, removal of: | |
| Moderate; with episodes of recurring symptoms several times a year | 20 | With severe symptoms | 30 |
| Mild; with brief episodes of recurring symptoms once or twice yearly | 10 | With mild symptoms | 10 |
| 7307 Gastritis, hypertrophic (identified by gastro-scope): | | Nonsymptomatic | 0 |
| Chronic; with severe hemorrhages, or large ulcerated or eroded areas | 60 | Spleen, disease or injury of. | |
| Chronic; with multiple small eroded or ulcerated areas, and symptoms | 30 | See Hemic and Lymphatic Systems. | |
| Chronic; with small nodular lesions, and symptoms | 10 | 7319 Irritable colon syndrome (spastic colitis, mucous colitis, etc.): | |
| Gastritis, atrophic. | | Severe; diarrhea, or alternating diarrhea and constipation, with more or less constant abdominal distress | 30 |
| A complication of a number of diseases, including pernicious anemia. | | Moderate; frequent episodes of bowel disturbance with abdominal distress | 10 |
| Rate the underlying condition. | | Mild; disturbances of bowel function with occasional episodes of abdominal distress | 0 |
| 7308 Postgastrectomy syndromes: | | 7321 Amebiasis: | |
| Severe; associated with nausea, sweating, circulatory disturbance after meals, diarrhea, hypoglycemic symptoms, and weight loss with malnutrition and anemia | 60 | Mild gastrointestinal disturbances, lower abdominal cramps, nausea, gaseous distention, chronic constipation interrupted by diarrhea | 10 |
| Moderate; less frequent episodes of epigastric disorders with characteristic mild circulatory symptoms after meals but with diarrhea and weight loss | 40 | Asymptomatic | 0 |
| Mild; infrequent episodes of epigastric distress with characteristic mild circulatory symptoms or continuous mild manifestations | 20 | NOTE: Amebiasis with or without liver abscess is parallel in symptomatology with ulcerative colitis and should be rated on the scale provided for the latter. Similarly, lung abscess due to amebiasis will be rated under the respiratory system schedule, diagnostic code 6809. | |
| 7309 Stomach, stenosis of. | | 7322 Dysentery, bacillary. | |
| Rate as for gastric ulcer. | | Rate as for ulcerative colitis.. | |
| 7310 Stomach, injury of, residuals. | | 7323 Colitis, ulcerative: | |
| Rate as peritoneal adhesions. | | Pronounced; resulting in marked malnutrition, anemia, and general debility, or with serious complication as liver abscess | 100 |
| 7311 Liver, injury of. | | Severe; with numerous attacks a year and malnutrition, the health only fair during remissions | 60 |
| With residual disability, rate as peritoneal adhesions. | | Moderately severe; with frequent exacerbations | 30 |
| Healed, no residuals | 0 | Moderate; with infrequent exacerbations | 10 |
| 7312 Liver, cirrhosis of: | | 7324 Distomiasis, intestinal or hepatic: | |
| Pronounced; aggravation of the symptoms for moderate and severe, necessitating frequent tapping | 100 | Severe symptoms | 30 |
| Severe; ascites requiring infrequent tapping, or recurrent hemorrhage from esophageal varices, aggravated symptoms and impaired health | 70 | Moderate symptoms | 10 |
| Moderately severe; liver definitely enlarged with abdominal distention due to early ascites and with muscle wasting and loss of strength | 50 | Mild or no symptoms | 0 |
| Moderate; with dilation of superficial abdominal veins, chronic dyspepsia, slight loss of weight or impairment of health | 30 | 7325 Enteritis, chronic. | |
| 7313 Liver, abscess of, residuals: | | Rate as for irritable colon syndrome. | |
| With severe symptoms | 30 | 7326 Enterocolitis, chronic. | |
| With moderate symptoms | 20 | Rate as for irritable colon syndrome. | |
| 7314 Cholecystitis, chronic: | | 7327 Diverticulitis. | |
| Severe; frequent attacks of gall bladder colic | 30 | Rate as for irritable colon syndrome, peritoneal adhesions, or colitis, ulcerative, depending upon the predominant disability picture. | |
| Moderate; gall bladder dyspepsia, confirmed by X-ray technique, and with infrequent attacks (not over two or three a year) of gall bladder colic, with or without jaundice | 10 | 7328 Intestine, small, resection of: | |
| Mild | 0 | With marked interference with absorption and nutrition, manifested by severe impairment of health objectively supported by examination findings including material weight loss | 60 |
| 7315 Cholelithiasis, chronic. | | With definite interference with absorption and nutrition, manifested by impairment of health objectively supported by examination findings including definite weight loss | 40 |
| Rate as for chronic cholecystitis. | | Symptomatic with diarrhea, anemia and inability to gain weight | 20 |
| 7316 Cholangitis, chronic. | | NOTE: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301. | |
| Rate as for chronic cholecystitis. | | 7329 Intestine, large, resection of: | |
| 7317 Gall bladder, injury of. | | With severe symptoms, objectively supported by examination findings | 40 |
| | | With moderate symptoms | 20 |
| | | With slight symptoms | 10 |
| | | NOTE: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301. | |
| | | 7330 Intestine, fistula of, persistent, or after attempt at operative closure: | |

| | Rating | | Rating |
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| Copious and frequent, fecal discharge | 100 | NOTE: The rating under diagnostic code 7343 will be continued for 1 year following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. At this point, if there has been no local recurrence or metastases, the rating will be made on residuals. | |
| Constant or frequent, fecal discharge | 60 | | |
| Slight infrequent, fecal discharge | 30 | | |
| Healed; rate for peritoneal adhesions. | | | |
| 7331 Peritonitis, tuberculous, active or inactive: | | 7344 New growths, benign, any specified part of digestive system, exclusive of skin growths. | |
| Active | 100 | The rating will be based on interference with digestion, using any applicable digestive analogy. | |
| Inactive: See §§ 4.88b and 4.89. | | | |
| 7332 Rectum and anus, impairment of sphincter control: | | 7345 Hepatitis, infectious: | |
| Complete loss of sphincter control | 100 | With marked liver damage manifest by liver function test and marked gastrointestinal symptoms, or with episodes of several weeks duration aggregating three or more a year and accompanied by disabling symptoms requiring rest therapy | 100 |
| Extensive leakage and fairly frequent involuntary bowel movements | 60 | With moderate liver damage and disabling recurrent episodes of gastrointestinal disturbance, fatigue, and mental depression | 60 |
| Occasional involuntary bowel movements, necessitating wearing of pad | 30 | Minimal liver damage with associated fatigue, anxiety, and gastrointestinal disturbance of lesser degree and frequency but necessitating dietary restriction or other therapeutic measures | 30 |
| Constant slight, or occasional moderate leakage | 10 | Demonstrable liver damage with mild gastrointestinal disturbance | 10 |
| Healed or slight, without leakage | 0 | Healed, nonsymptomatic | 0 |
| 7333 Rectum and anus, stricture of: | | 7346 Hernia hiatal: | |
| Requiring colostomy | 100 | Symptoms of pain, vomiting, material weight loss and hematemesis or melena with moderate anemia; or other symptom combinations productive of severe impairment of health | 60 |
| Great reduction of lumen, or extensive leakage .. | 50 | Persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health | 30 |
| Moderate reduction of lumen, or moderate constant leakage | 30 | With two or more of the symptoms for the 30 percent evaluation of less severity | 10 |
| 7334 Rectum, prolapse of: | | 7347 Pancreatitis: | |
| Severe (or complete), persistent | 50 | With frequently recurrent disabling attacks of abdominal pain with few pain free intermissions and with steatorrhea, malabsorption, diarrhea and severe malnutrition | 100 |
| Moderate, persistent or frequently recurring | 30 | With frequent attacks of abdominal pain, loss of normal body weight and other findings showing continuing pancreatic insufficiency between acute attacks | 60 |
| Mild with constant slight or occasional moderate leakage | 10 | Moderately severe; with at least 4-7 typical attacks of abdominal pain per year with good remission between attacks | 30 |
| 7335 Ano, fistula in. | | With at least one recurring attack of typical severe abdominal pain in the past year | 10 |
| Rate as for impairment of sphincter control. | | NOTE 1: Abdominal pain in this condition must be confirmed as resulting from pancreatitis by appropriate laboratory and clinical studies. | |
| 7336 Hemorrhoids, external or internal: | | NOTE 2: Following total or partial pancreatectomy, rate under above, symptoms, minimum rating 30 percent. | |
| With persistent bleeding and with secondary anemia, or with fissures | 20 | 7348 Vagotomy with pyloroplasty or gastroenterostomy: | |
| Large or thrombotic, irreducible, with excessive redundant tissue, evidencing frequent recurrences | 10 | Followed by demonstrably confirmative post-operative complications of stricture or continuing gastric retention | 40 |
| Mild or moderate | 0 | With symptoms and confirmed diagnosis of alkaline gastritis, or of confirmed persisting diarrhea | 30 |
| 7337 Pruritus ani. | | Recurrent ulcer with incomplete vagotomy | 20 |
| Rate for the underlying condition. | | | |
| 7338 Hernia, inguinal: | | | |
| Large, postoperative, recurrent, not well supported under ordinary conditions and not readily reducible, when considered inoperable | 60 | | |
| Small, postoperative recurrent, or unoperated irreducible, not well supported by truss, or not readily reducible | 30 | | |
| Postoperative recurrent, readily reducible and well supported by truss or belt | 10 | | |
| Not operated, but remediable | 0 | | |
| Small, reducible, or without true hernia protrusion | 0 | | |
| NOTE: Add 10 percent for bilateral involvement, provided the second hernia is compensable. This means that the more severely disabling hernia is to be evaluated, and 10 percent, only, added for the second hernia, if the latter is of compensable degree. | | | |
| 7339 Hernia, ventral, postoperative: | | | |
| Massive, persistent, severe diastasis of recti muscles or extensive diffuse destruction or weakening of muscular and fascial support of abdominal wall so as to be inoperable | 100 | | |
| Large, not well supported by belt under ordinary conditions | 40 | | |
| Small, not well supported by belt under ordinary conditions, or healed ventral hernia or post-operative wounds with weakening of abdominal wall and indication for a supporting belt | 20 | | |
| Wounds, postoperative, healed, no disability, belt not indicated | 0 | | |
| 7340 Hernia, femoral. | | | |
| Rate as for inguinal hernia. | | | |
| 7342 Visceroptosis, symptomatic, marked | 10 | | |
| 7343 New growths, malignant, exclusive of skin growths | 100 | | |

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| | Rating |
|---|--------|
| NOTE: Rate recurrent ulcer following complete vagotomy under diagnostic code 7305, minimum rating 20 percent; and rate dumping syndrome under diagnostic code 7308. | |

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THE GENITOURINARY SYSTEM

§ 4.115 Nephritis.

Albuminuria alone is not nephritis, nor will the presence of transient albumin and casts following acute febrile illness be taken as nephritis. The glomerular type of nephritis is usually preceded by or associated with severe infectious disease; the onset is sudden, and the course marked by red blood cells, salt retention, and edema; it may clear up entirely or progress to a chronic condition. The nephrosclerotic type, originating in hypertension or arteriosclerosis, develops slowly, with minimum laboratory findings, and is associated with natural progress. Separate ratings are not to be assigned for disability from disease of the heart and any form of nephritis, on account of the close interrelationships of cardiovascular disabilities. If, however, absence of a kidney is the sole renal disability, even if removal was required because of nephritis, the absent kidney and any hypertension or heart disease will be separately rated. Also, in the event that chronic renal disease has progressed to the point where regular dialysis is required, any coexisting hypertension or heart disease will be separately rated.

[41 FR 34258, Aug. 13, 1976, as amended at 59 FR 2527, Jan. 18, 1994]

§ 4.115a Ratings of the genitourinary system—dysfunctions.

Diseases of the genitourinary system generally result in disabilities related to renal or voiding dysfunctions, infections, or a combination of these. The following section provides descriptions of various levels of disability in each of these symptom areas. Where diagnostic codes refer the decisionmaker to these specific areas dysfunction, only the predominant area of dysfunction shall be considered for rating purposes.

Since the areas of dysfunction described below do not cover all symptoms resulting from genitourinary diseases, specific diagnoses may include a description of symptoms assigned to that diagnosis.

| | Rating |
|---|--------|
| Renal dysfunction: | |
| Requiring regular dialysis, or precluding more than sedentary activity from one of the following: persistent edema and albuminuria; or, BUN more than 80mg%; or, creatinine more than 8mg%; or, markedly decreased function of kidney or other organ systems, especially cardiovascular | 100 |
| Persistent edema and albuminuria with BUN 40 to 80mg%; or, creatinine 4 to 8mg%; or, generalized poor health characterized by lethargy, weakness, anorexia, weight loss, or limitation of exertion | 80 |
| Constant albuminuria with some edema; or, definite decrease in kidney function; or, hypertension at least 40 percent disabling under diagnostic code 7101 | 60 |
| Albumin constant or recurring with hyaline and granular casts or red blood cells; or, transient or slight edema or hypertension at least 10 percent disabling under diagnostic code 7101 | 30 |
| Albumin and casts with history of acute nephritis; or, hypertension non-compensable under diagnostic code 7101 | 0 |
| Voiding dysfunction: | |
| Rate particular condition as urine leakage, frequency, or obstructed voiding | |
| Continual Urine Leakage, Post Surgical Urinary Diversion, Urinary Incontinence, or Stress Incontinence: | |
| Requiring the use of an appliance or the wearing of absorbent materials which must be changed more than 4 times per day | 60 |
| Requiring the wearing of absorbent materials which must be changed 2 to 4 times per day | 40 |
| Requiring the wearing of absorbent materials which must be changed less than 2 times per day | 20 |
| Urinary frequency: | |
| Daytime voiding interval less than one hour, or; awakening to void five or more times per night ... | 40 |
| Daytime voiding interval between one and two hours, or; awakening to void three to four times per night | 20 |
| Daytime voiding interval between two and three hours, or; awakening to void two times per night | 10 |
| Obstructed voiding: | |
| Urinary retention requiring intermittent or continuous catheterization | 30 |
| Marked obstructive symptomatology (hesitancy, slow or weak stream, decreased force of stream) with any one or combination of the following: | |
| 1. Post void residuals greater than 150 cc. | |
| 2. Uroflowmetry; markedly diminished peak flow rate (less than 10 cc/sec). | |
| 3. Recurrent urinary tract infections secondary to obstruction. | |
| 4. Stricture disease requiring periodic dilatation every 2 to 3 months | 10 |
| Obstructive symptomatology with or without stricture disease requiring dilatation 1 to 2 times per year | 0 |